



COMMERCIAL AUTOMOBILE APPLICATION

Name of Applicant: _____
 D/B/A: _____
 Street Address: _____
 P.O. Mailing Address: _____
 Phone Number: (____) _____
 Web Site: _____

Agent Name: _____
 Address: _____
 Agent No.: _____

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant.

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

DESCRIPTION OF OPERATIONS

1. **Applicant is:** Individual Partnership Corporation Other: _____
 Please provide the registered owner’s driver license number, social security number, federal employer identification number or state customer number or Soundex number for all vehicles: _____
2. **How long has this operation been in business?** _____
3. **Has there been any change in ownership, management or the name of the operation during the last five (5) years?** Yes No
 If yes, provide details: _____
4. **Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?**..... Yes No
 If yes, provide details: _____
5. **Description of operations:** _____

 Complete appropriate supplemental application if operations include the transportation of passengers.
6. **Specifically identify commodities transported:** _____
7. **Any exposure to flammables, explosives, chemicals or hazardous materials (including medical or contaminated waste)?** Yes No
 If yes, provide specific details: _____
8. **Normal areas of operations:** _____
9. **List all states vehicles operate in:** _____
10. **Largest cities entered:** _____
11. **Is your operation subject to time restraints when delivering the commodity?** Yes No
12. **If not hauling for others, will the vehicles be parked at a job site most of the day?**..... Yes No

13. Are any units customized or altered, or do they have special equipment? Yes No
If yes, how are they altered? _____
14. Do you have vehicles with mobile equipment permanently attached? Yes No
If a boom, how far does the collapsed length of the boom extend beyond the front or rear bumper? _____
If other, please explain: _____
15. Are any vehicles used by family members? Yes No
If yes, explain: _____
16. Are any vehicles used for personal use (if other than public or private livery)? Yes No
If yes, explain: _____
17. Do you allow passengers to ride in your vehicles? Yes No
If yes, explain: _____
18. Are all drivers covered by Workers' Compensation insurance? Yes No

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|---------------------------|
| DRIVER INFORMATION |
|---------------------------|

19. Are you familiar with the U.S. Department of Transportation driver requirements? Yes No
20. Do you maintain driver activity files? Yes No
Do you review current MVRs on all drivers prior to hiring? Yes No
Is there a formal driver hiring procedure? Yes No
If you have a formal driver hiring/training program, provide a copy with this application.
21. Are all drivers employees? Yes No
If no, explain: _____
22. How are your drivers paid? Per load Per hour Other: _____
23. Is there a formal safety program? Yes No
If yes, provide details or a copy: _____
24. Do you agree to screen and report all potential operators immediately upon hiring? Yes No
25. Maximum number of hours driver will operate a vehicle in a 24-hour period: _____
26. List below all drivers currently employed as of the Proposed Effective Date. If a Non-Owned Auto is to be considered, you must list information for all employees currently employed by you.

| Driver's Name | Date of Birth | Driver's License No. | State | Class of License | No. of Years Driving Similar Vehicle | Length of Employment | List Past Three Years of Accidents & Traffic Violations |
|---------------|---------------|----------------------|-------|------------------|--------------------------------------|----------------------|---|
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39. Are any vehicles or equipment loaned, rented, or leased to others? Yes No
40. Do you lease, hire, rent or borrow any vehicles from others? Yes No
 What is the average term of the lease? _____
 Is there a written agreement? Yes No
 If yes, provide a copy of the agreement.
41. Does your lease agreement contain a Hold Harmless clause? Yes No
42. Do you obtain a copy of the insurance form that lists "named lessee as insured" from the truckers you hire? Yes No
43. Do you obtain certificates of insurance from the truckers you hire? Yes No
 Certificates of insurance with limits of at least \$750,000 are required from your sub-haulers. If you do not have these on file when we audit, we will charge you for primary hired auto insurance. Do you understand? Yes No
44. If owner/operators are leased for six (6) months or longer, will they be scheduled on your policy? Yes No
 If yes, provide a copy of the agreement you use.
45. Do you lease, hire, rent, or borrow any vehicles from others without drivers? Yes No
 Will they be scheduled on the policy? Yes No
 What is the average term of the lease? _____
46. What is your cost to lease, hire, rent or borrow vehicles? With drivers _____ Without drivers _____
 Estimated cost of hired autos: This year: _____ Last year: _____
47. What type of vehicles do you lease, hire, rent or borrow? Truck-Tractors %
 Trailers % Heavy & Extra Heavy Trucks %
 Pickup Trucks or Vans % Private Passenger Cars %
48. At any time will your employees, subcontractors, or owner/operators lease vehicles in your name? Yes No
 If yes, explain: _____
49. How many years of experience does your management have in the truck/transportation business? _____
 Please provide an explanation of their experience: _____
50. Do you arrange or dispatch loads for others, not including your own hired truckers? Yes No
 Please explain: _____
 Are you named on the Bills of Lading? Yes No
 Annual number of Truckers: _____ Loads: _____
51. Do you have brokerage authority? Yes No
 If yes, is the brokerage authority held under the same name and motor carrier number as your trucking operation? Yes No
 What is your brokerage motor carrier number? _____
 Whose name appears on the bill of lading as the carrier? _____
 What is your brokerage revenue for the most recent twelve (12) months? _____
 Estimated next twelve (12) months? _____
52. Are driver teams used? Yes No
53. Will more than one driver use a specific truck? Yes No

NON-OWNED AUTO INFORMATION

- 54. Why is non-ownership liability coverage being requested?** _____
- 55. What types of non-owned autos will be used in your business?** _____
Total number of non-owned autos used: _____ How will they be used? _____
- 56. How often are non-owned autos used in your business?** Daily Weekly Monthly Other: _____
Estimate the number of hours per month: _____
Estimated annual mileage for use of all non-owned autos: _____
- 57. Do any employees use their autos in your business?** Yes No
If yes, what limit of liability insurance are they required to maintain? _____
Do you require evidence of insurance? Yes No
- 58. Do employees lease autos on your behalf?** Yes No
If yes, under whose name are the autos leased? Employee's name Your name
- 59. Will you use non-owned autos other than those owned by employees?** Yes No
If yes, describe the relationship: _____
- 60. Total number of employees:** _____ **Total number of officers and partners:** _____
- 61. If a social service operation, indicate the total number of volunteers furnishing autos in your operation:** _____
Maximum number of volunteers at any one time: _____ How will they use their vehicles? _____
- 62. Are volunteers required to have their own insurance?** Yes No
Minimum limits required: _____
- 63. Do you obtain motor vehicle records for all drivers?** Yes No
- 64. Do you understand that we may audit your records for Hired and Non-Owned auto exposure, which might result in an additional premium?** Yes No

PRIOR CARRIER AND LOSS EXPERIENCE

- 65. Have you had any insurance canceled, declined or nonrenewed in the last three (3) years** (not applicable in Missouri)? Yes No
If yes, explain: _____

This application does not bind YOU or US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable in Florida Agents Only)

IMPORTANT NOTICE

As part of the underwriting procedure, a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**Public Auto Supplemental Application
Limousine and Airport Shuttle
(Complete in addition to the Commercial Automobile Application)**

Applicant's Name: _____

1. **Indicate type of operations.** If more than one, show percentage of total:
 Limousine: operated for hire on a pre-arranged basis for special or business functions, weddings, funerals or similar purposes..... _____ %
 Airport Shuttle: transportation of passengers between airports and other passenger stations or hotels..... _____ %
2. **List cities entered into:** _____

3. **Are vehicles equipped with alarms?** Yes No
4. **Where are the vehicles kept when not in use?** _____
5. **If vehicles are stored at one location, describe the type of location and its security:** _____

6. **Are drivers allowed to take vehicles home when not in use?** Yes No
7. **If yes, what is your policy on personal use of the vehicles?** _____

8. **Do any vehicles provide open-air seating such as rumble seats, hot tub, convertible?** Yes No
If yes, which vehicles: _____

9. **What are your estimated annual gross receipts for the coming year?** _____
10. **What are your estimated annual gross receipts for the last year?** _____
11. **What percent of your gross receipts are from overflow business from other livery services sub-contracted to you?** _____ %
12. **Do you lease or borrow vehicles from others?** Yes No
With or without drivers? _____ If yes, attach a copy of the agreement used.
13. **What is your total cost to lease vehicles?** _____
14. **At any time will leased vehicles be scheduled on your policy?** Yes No
If yes, explain: _____

15. **Do you lease or loan your vehicles to others?** Yes No
With or without drivers? _____ If yes, attach a copy of the agreement used.

16. Are any lessors or others intended to be additional insureds? Yes No

If yes, list:

| NAME | VEHICLE | ADDRESS | RELATIONSHIP/INTEREST |
|------|---------|---------|-----------------------|
| | | | |
| | | | |
| | | | |

17. Do you plan on expanding or adding additional vehicles during the coming year? Yes No

If yes, explain: _____

18. Do you operate any other type of public livery operations?..... Yes No

If yes, explain the type of operation and where it is insured: _____

DRIVER INFORMATION

1. What method is used when hiring a new driver?

Written application Road test Review of MVR prior to employment Background check

Other Explain: _____

2. Are new drivers required to ride with an experienced driver? Yes No

3. Is previous chauffeur experience required?..... Yes No

4. Minimum driving experience required: _____ years

5. Maximum number of driving violations allowed: _____

6. Maximum number of accidents allowed: _____

7. Current number of full-time drivers: _____

8. During the last 12 months, how many full-time drivers did you hire? _____

9. How many part-time/seasonal drivers do you have? _____

10. How many owner/operators or leased drivers were used? _____

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for commercial insurance or a statement of claim for any commercial or personal insurance benefits containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who, in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____
(Must be signed by an active owner, partner, or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

IOWA LICENSED AGENT: _____
(Applicable in Iowa Only)

AGENT'S NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only)

Return Premium (if any)

\$

REJECTION OF UNINSURED MOTORIST COVERAGE AND UNDERINSURED MOTORIST COVERAGE OR SELECTION OF LOWER LIMIT OF LIABILITY

(Indiana)

The Indiana Insurance Code (Section 27-7-5-2) requires an insurer to provide bodily injury Uninsured Motorist Coverage and Underinsured Motorist Coverage equal to the limit for Bodily Injury Liability Coverage in the policy and Property Damage Uninsured Motorist Coverage at the basic financial responsibility limit. Property Damage Uninsured Motorist Coverage is only available if Bodily Injury Uninsured Motorist Coverage is afforded under the policy.

A named insured can reject either or both Uninsured Motorist Coverage or Underinsured Motorist Coverage, reject the Property Damage portion of the Uninsured Motorist Coverage, or select a limit of liability lower than the limit of Bodily Injury Coverage. (Note: Limit selected for Underinsured Motorist Coverage cannot be less than \$50,000/\$50,000 Split Limit or \$50,000 Single Limit).

Uninsured Motorist Coverage and Underinsured Motorist Coverage provide insurance for the protection of persons insured under the policy who are legally entitled to recover damages from owners or operators of uninsured or underinsured motor vehicles because of bodily injury, sickness, or disease, including death, and for the protection of persons insured under the policy who are legally entitled to recover damages from identifiable owners or operators of uninsured motor vehicles for injury to or destruction of property resulting therefrom.

The undersigned named insured —

(Applicable items marked "X")

- agrees that the Uninsured Motorist Coverage afforded in the policy is rejected.
- agrees that the Underinsured Motorist Coverage afforded in the policy is rejected.
- agrees that both the Uninsured Motorist Coverage and the Underinsured Motorist Coverage afforded in the policy are rejected.
- agrees that the Property Damage only portion of the Uninsured Motorist Coverage provisions afforded in the policy is rejected.
- agrees that the following lower limit of liability applies with respect to the Uninsured Motorist Coverage afforded in the policy.

(Enter lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

- agrees that the following lower limit of liability applies with respect to the Underinsured Motorist Coverage afforded in the policy.

(Enter the lower limit of liability):

\$ each person (enter limit if applicable)

\$ each accident

Signature of Named Insured

Date

Policy No. (if known) _____